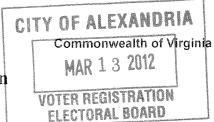




## Statement of Organization CANDIDATE



☑ New Candidate

☐ Amended Statement

\*Please read instructions before completing this form.

Campaign Committee's Mailing Address			
Campaign Committee's Mailing Address	Friends of	Feld	
	Name of Candidate Campaign Commit	tee ,	
	City Council.	- At large Denocratic 6/12/2012	
	Office Sought District (	,	
	31398 P.O. Box 306		
	Street Address/PO Box	Suite #	
	Blexandria, UA 22313		
	City	State Zip	
	Melissaiteld@	gnail.com (703) 299-0477	
	Email Address	Daytime Phone #	
Candidate's Information			
Candidate Information		lissa	
	Mr. /Ms. Last Name	First Name	
	3303 RUS	sell Road	
	Residence Address	Suite #	
	Alexandria	VA 22305 Hexandria State Zip County or City	
	City	State Zip County or City	
	Melissadf@aa	01. com 783-299-0477	
	Email Address	Daytime Phone #	
Treasurer Information			
	Feld. Me	lissa	
Treasurer's	Mr. /Ms. Last Name	First Name	
	3303 Rus	ssell Road	
Name and Address	Residence Address	Suite #	
and Address	Alexandria	VA 22305 Alexandria	
	City	State Zip County or City	
	Meliosadifie	ad·com 103-299.0471	
	Email Address	Daytime Phone #	
Campaign Depository			
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)	



## Statement of Organization CANDIDATE

Signatures			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.  Candidate's Signature  Date		
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.  Treasurer's Signature  Date		
Filing Method			
	□ Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.  □ I intend to electronically file using Virginia's VAFiling Program.  □ I intend to use an SBE Approved Vendor		
Electronic Filing Agreement	(Please Enter Name of Vendor)		
	Signature Date		
	Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.		